

Please type or print in ink.

10 MAR -1 PM 2:42 Public Document

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER	
Bonner	Dale	E.	(916) 323-5401	
MAILING ADDRESS STREET (Business Address Acceptable)		CITY	STATE	ZIP CODE
980 9th Street, Suite 2450		Sacramento	CA	95814
OPTIONAL: E-MAIL ADDRESS				

1. Office, Agency, or Court

Name of Office, Agency, or Court:

Business, Transportation and Housing Agency

Division, Board, District, if applicable:

Your Position:

Secretary

► If filing for multiple positions, list additional agency(ies)/
position(s): (Attach a separate sheet if necessary.)

Agency: see attached

Position: _____

2. Jurisdiction of Office (Check at least one box)

☒ State

☐ County of _____

☐ City of _____

☐ Multi-County _____

☐ Other _____

3. Type of Statement (Check at least one box)

☐ Assuming Office/Initial Date: ____/____/____

☒ Annual: The period covered is January 1, 2009,
through December 31, 2009.

-or-

☐ The period covered is ____/____/____, through
December 31, 2009.

☐ Leaving Office Date Left: ____/____/____
(Check one)

☐ The period covered is January 1, 2009, through the
date of leaving office.

-or-

☐ The period covered is ____/____/____, through
the date of leaving office.

☐ Candidate Election Year: _____

4. Schedule Summary

► Total number of pages
including this cover page: 4

► Check applicable schedules or "No reportable
interests."

I have disclosed interests on one or more of the
attached schedules:

Schedule A-1 ☐ Yes – schedule attached
Investments (Less than 10% Ownership)

Schedule A-2 ☐ Yes – schedule attached
Investments (10% or Greater Ownership)

Schedule B ☐ Yes – schedule attached
Real Property

Schedule C ☐ Yes – schedule attached
*Income, Loans, & Business Positions (Income Other than Gifts
and Travel Payments)*

Schedule D ☒ Yes – schedule attached
Income – Gifts

Schedule E ☐ Yes – schedule attached
Income – Gifts – Travel Payments

-or-

☐ No reportable interests on any schedule

5. Verification

I have used all reasonable diligence in preparing this
statement. I have reviewed this statement and to the best
of my knowledge the information contained herein and in any
attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State
of California that the foregoing is true and correct.

Date Signed March 1, 2010

Signature _____

**Secretary of the Business, Transportation and Housing Agency
Commissions, Boards and other State Agencies**

California Coastal Commission
Melanie Wong
45 Fremont Street, Suite 1900
San Francisco, California 94105-2219

California Fiscal Recovery Financing Authority
Department of Justice
1300 I Street, Suite 125
P. O. Box 944255
Sacramento, California 94244-2550

California Housing Finance Agency
Ms. JoJo Ojima
Office of the General Counsel
1415 "L" Street, Suite 500
Sacramento, California 95814

**Grand Avenue Joint Powers Authority Board of
Directors**
Ms. Karen A. Lichtenberg
County of Los Angeles
648 Kenneth Hahn Hall of Administration
500 West Temple Street
Los Angeles, California 90012-2713

Managed Risk Medical Insurance Board
Ms. Laura Rosenthal
Chief Counsel
1000 G Street, Suite 450
Sacramento, California 95814

**San Francisco Bay Conservation and
Development Board**
Ms. Ellen Sampson
50 California Street, Suite 2600
San Francisco, California 94111

Technology Services Board
Ms. Betty Hickerson
P. O. Box 1810
Rancho Cordova, California 95741-1810

**California Infrastructure and Economic
Development Bank**
980 9th Street, Suite 900
Sacramento, California 95814

**Secretary of the Business, Transportation and Housing Agency
Commissions, Boards and Other State Agencies
(Continued)**

**Small Business Development Program and
State Assistance Fund for Enterprise Business and
Industrial Development Corporation (SAFE-BIDCO)**

Mary Jo Dutra
President, Chief Executive Officer
1377 Corporate Center Parkway, Suite A
Santa Rosa, CA 95407

California Science Center
Jeffrey N. Rudolph
700 State Drive
Los Angeles, CA 90037

California Travel & Tourism Commission
Matthew Sabbatini
980 9th Street, Suite 480
Sacramento, CA 95814

**California Industrial Development
Financing Advisory Commission**
Mark Paxson
General Counsel
State Treasurer's Office
915 Capitol Mall, Room 538
Sacramento, CA 95814

California Workforce Investment Board
Michelle Green
777 12th Street, Suite 200
Sacramento, CA 95814

SCHEDULE D Income - Gifts

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name

Bonner, Dale E.

► NAME OF SOURCE

Governor Schwarzenegger

ADDRESS (Business Address Acceptable)

State Capitol, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06 / / 09	\$ 30	birthday balloons
12 / / 09	\$ 45	CA State flag
12 / / 09	\$ 34	popcorn tin

► NAME OF SOURCE

Joseph Farrow

ADDRESS (Business Address Acceptable)

601 N. 7th Street, Sacramento, CA 95811

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 01 / 09	\$ 170	Rose Bowl
/ /	\$	
/ /	\$	

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

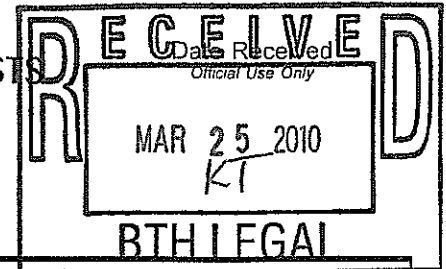
Comments: _____

AMENDMENT

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

A Public Document



Please type or print in ink.

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER	
Bonner	Dale	E.	(916) 323-5401	
MAILING ADDRESS (Business Address Acceptable)	STREET	CITY	STATE	ZIP CODE
980 9th Street, Suite 2450	Sacramento	CA	95814	OPTIONAL: E-MAIL ADDRESS

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Division, Board, District, if applicable:

Your Position:

Secretary

► If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency: see attached

Position: _____

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☒ State

☐ County of _____

☐ City of _____

☐ Multi-County _____

☐ Other _____

3. Type of Statement (Check at least one box)

☐ Assuming Office/Initial Date: ____/____/____

☒ Annual: The period covered is January 1, 2009, through December 31, 2009.

-or-

☐ The period covered is ____/____/____, through December 31, 2009.

☐ Leaving Office Date Left: ____/____/____ (Check one)

☐ The period covered is January 1, 2009, through the date of leaving office.

-or-

☐ The period covered is ____/____/____, through the date of leaving office.

☐ Candidate Election Year: _____

4. Schedule Summary

► Total number of pages including this cover page: 5

► Check applicable schedules or "No reportable interests."

I have disclosed interests on one or more of the attached schedules:

Schedule A-1 ☐ Yes – schedule attached
Investments (Less than 10% Ownership)

Schedule A-2 ☐ Yes – schedule attached
Investments (10% or Greater Ownership)

Schedule B ☐ Yes – schedule attached
Real Property

Schedule C ☐ Yes – schedule attached
Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)

Schedule D ☒ Yes – schedule attached
Income – Gifts

Schedule E ☒ Yes – schedule attached
Income – Travel Payments

-or-

☐ No reportable interests on any schedule

5. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed March 22, 2010

Signature [Redacted Signature]
(File the originally signed statement with your filing official.)

**Secretary of the Business, Transportation and Housing Agency
Commissions, Boards and other State Agencies**

California Coastal Commission

Melanie Wong
45 Fremont Street, Suite 1900
San Francisco, California 94105-2219

California Fiscal Recovery Financing Authority

Department of Justice
1300 I Street, Suite 125
P. O. Box 944255
Sacramento, California 94244-2550

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Office of the General Counsel
1415 "L" Street, Suite 500
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500 West Temple Street
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Ms. Laura Rosenthal
Chief Counsel
1000 G Street, Suite 450
Sacramento, California 95814

**San Francisco Bay Conservation and
Development Board**

Ms. Ellen Sampson
50 California Street, Suite 2600
San Francisco, California 94111

Technology Services Board

Ms. Betty Hickerson
P. O. Box 1810
Rancho Cordova, California 95741-1810

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Development Bank**

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Sacramento, California 95814

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Commissions, Boards and Other State Agencies
(Continued)**

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State Assistance Fund for Enterprise Business and
Industrial Development Corporation (SAFE-BIDCO)**

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California Science Center

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700 State Drive
Los Angeles, CA 90037

California Travel & Tourism Commission

Matthew Sabbatini
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Sacramento, CA 95814

**California Industrial Development
Financing Advisory Commission**

Mark Paxson
General Counsel
State Treasurer's Office
915 Capitol Mall, Room 538
Sacramento, CA 95814

California Workforce Investment Board

Michelle Green
777 12th Street, Suite 200
Sacramento, CA 95814

Employment Training Panel

Sheryl Sheehan
1100 J Street, 4th Floor
Sacramento, CA 95814

SCHEDULE D Income – Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION AMENDMENT

► NAME OF SOURCE
Governor Schwarzenegger

ADDRESS (Business Address Acceptable)
State Capitol, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / / 09	\$ 70	CA State flag
/ /	\$	
/ /	\$	

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

Verification	
Print Name	Dale E. Bonner
Office, Agency or Court	Business, Transportation & Housing
Statement Type	<input checked="" type="checkbox"/> 2009/2010 Annual <input type="checkbox"/> Assuming <input type="checkbox"/> Leaving <input type="checkbox"/> (yr) Annual <input type="checkbox"/> Candidate
I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.	
Date Signed	March 22, 2010
Signature	[Redacted Signature]

Comments: _____

SCHEDULE E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
AMENDMENT

- **Reminder – you must mark the gift or income box.**
- **You are not required to report income from government agencies.**

► **NAME OF SOURCE**
California State Protocol Foundation

ADDRESS (Business Address Acceptable)
1215 K Street

CITY AND STATE
Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
See comments below.

DATE(S): 09 / 26 / 09 - 09 / 30 / 09 **AMT:** \$ 1,411.47
(If applicable)

TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income

DESCRIPTION: Hotel, meals, transportation, business expenses, and incidentals to attend Governor's Trade Mission to Chile.

► **NAME OF SOURCE**

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): ____/____/____ - ____/____/____ **AMT:** \$ ____
(If applicable)

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

DESCRIPTION: _____

► **NAME OF SOURCE**

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): ____/____/____ - ____/____/____ **AMT:** \$ ____
(If applicable)

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

DESCRIPTION: _____

Verification

Print Name Dale E. Bonner

Office, Agency or Court Business, Transportation & Housing

Statement Type ☒ 2009/2010 Annual ☐ Assuming ☐ Leaving
☐ ____ Annual ☐ Candidate
(yr)

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed March 22, 2010
_____, day, year)

Signature _____

Comments: The California State Protocol Foundation is a 501(c)(3) organization that promotes California and provides support on diplomatic and consular matters.